

THE USE OF CHINESE HERBS IN ABDOMINAL SURGERY IN OBSTETRICS AND GYNAECOLOGY

by

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INTRODUCTION

In the China Medical College in Liaoning Province in north-east China 760 kilometres from Peking, obstetric and gynaecological patients were treated using a combination of traditional Chinese and Western medicine.

Over many years of practice and experience, Chinese medical workers concluded that certain herbs have significant antibiotic properties whilst others cause contraction of the smooth muscle of the uterus and intestine. A selection of these Chinese herbs has been made into decoctions and injections for use after surgery.

The aim of this paper is to describe the effects of post-operative therapy with Chinese herbs in obstetric and gynaecological surgery especially in the prevention of infection and flatulent distension.

MATERIALS AND METHODS

During the 3 years from 1975 to 1978, 168 patients had laparotomy performed in the obstetric and gynaecological service of the Countryside Hospital of China Medical College. All were given a decoction of herbs by mouth or by injection. No other treatment with special diets or antibiotics was given. One or more of 3 prescriptions was used.

Prescription I

Indication: After Caesarean section.

Preparation and use: Dissolved in 100 ml water to form an aqueous decoction of which the patient drank 100 ml 6-hourly post-operatively for 24 hours, then 100 ml twice a day for 24 hours.

Huang Zin (Radix scutellariae)	25 g
Yimucou (Herba Leonuri)	50 g
Pugong ying (Herba Taraxaci)	25 g
Zihuadiding (Herba Viola)	25 g
Chenpi (Pericarpium citri reticulatae)	15 g
Muxiang (Radix Aucklandiae)	15 g

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Prescription II

Indication: After various abdominal operations.

Preparation and use: As in prescription I but omitting Yimucau.

Prescription III

Indication: Post-operative infection.

Preparation and use: Equal weights of the herbs were mixed. The mixture was infused in half its weight of water. The sterilised solution was injected in doses of 2-4 ml intramuscularly every 6-12 hours; the oral decoction was also given.

Jinyinhua (Flower of Japanese Honey-suckle)

Liao Qiao (Fluctus Forsythiae)

Huangbo (Cortex philodendri)

Chai hu (Radix Buplevri)

Banlangen (Radix Isatidis)

Huang Qin (Radix Scutellariae)

The 168 patients treated by the above 'herbal' regimens were compared with 100 patients operated on during the same period treated with the methods previously used. In the 'control' regimen, nothing was permitted orally for 24 hours after surgery. Three litres of fluid were given intravenously, and antibiotics were used as necessary, on average for 6.2 days, until the temperature had been normal for 3 days. Details of the patients studied are presented in the Table.

TABLE
Indications and operations performed

	<i>Herbal Series 'A' No. of patients</i>	<i>Control Series 'B' No. of patients</i>
Benign adnexal tumour	28	30
Abdominal hysterectomy (benign lesions)	55	22
Ectopic pregnancy	14	12
Ovarian cancer	6	1
Uterine suspension	8	6
Abdominal hysterectomy (malignant lesions)	4	2
Caesarean section	48	22
Extraperitoneal Caesarean section	5	5
TOTAL	168	100

RESULTS

The incidence of post-operative pyrexia was higher in the control series than in that treated with herbs, a temperature of 38.6°C or more occurring in 8.5% of series A and in 27% of series B.

The average time of the first passage of flatus after operation in series A was at 30 hours: the earliest at 12 hours, the latest at 72 hours. The average time of the first passage of flatus in series B was 54 hours: the earliest was at 24 hours and the latest at 96 hours.

In series A, 3 patients had post-operative complications: these were respectively, partial atelectasis, incomplete intestinal obstruction, and intestinal adhesions.

In series A, intravenous fluid was given as necessary during operation; no more fluid was given thereafter apart from the herb decoction and liquid diet. The fluid balance was similar in both series with no dehydration or electrolyte disturbance in either. The quantity of urine was within normal limits in both series.

Acupuncture anaesthesia was used in 30 Caesarean sections, general anaesthesia in 26 ectopic pregnancies and epidural anaesthesia in the remainder. No difference was noted between these groups. The wounds all healed by first intention in both series. The average stay in hospital after surgery in series A was 8 days and in series B 10 days.

DISCUSSION

Surgery, although sometimes unavoidable for the cure of disease, is often followed by complications, especially those arising from wound infections and gastro-intestinal dysfunction. Certain Chinese herbs have been shown to be effective in combating infections both bacterial and viral. Others have a tonic effect on the gastro-intestine and other smooth muscles. Preparations of these herbs are useful in a combined regimen with good effect as indicated by the above study. Although clinically the herbs acting on the gut seemed to be effective, on further analysis no effect could be demonstrated. However, as far as control of infection, indicated by the body temperature, was concerned, the herb-treated series did better than the control series.

CONCLUSIONS

1. An effect has been obtained by using a herb decoction orally and/or by injection in post-operative obstetric and gynaecological patients. Compared with a control series, digestive functions recovered rapidly. Flatus was passed rapidly. Flatus was passed earlier and there was less abdominal distension and discomfort.
2. When herb decoctions and/or injections were given after operation, intravenous fluids or antibiotics were not administered.
3. Post-operative fever was less when herbs were given than in the control group series.
4. Patients were ambulatory sooner and recovered more quickly on the herb regimen.
5. The herb regimen is simple, convenient and inexpensive and thus very suitable for general use.